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|---|---|----|---|--|--|
| Substitute for form 1449B/PTO | | | | <div>Complete if Known</div> <div>Application Number10/701,066</div> <div>Filing Date11-05-03</div> <div>First Named InventorMatti Lipsanen</div> <div>Art Unit2437</div> <div>Examiner NameBRANSKE, HILARY</div> <div>Attorney Docket NumberP2286US00</div> | |
| <div>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div>(Use as many sheets as necessary)</div> | | | | | |
| Sheet | 1 | of | 1 | | |

[illegible]

| | | | |
|-----------------------|------------------|--------------------|------------|
| Examiner Signature | /Hilary Branske/ | Date Considered | 07/02/2010 |
|-----------------------|------------------|--------------------|------------|

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /H.B./